



American Heart Association Emergency Cardiovascular Care Programs Basic Life Support Course Roster

Course Information

- BLS Course (instructor-led)
- HeartCode® BLS

- ATTACH ONLY:**
- Sign in Sheet
 - Typed copy of student(s) name(s)
 - Online Certificate (HeartCode Only)
 - Evaluation Tally Sheet

Lead Instructor _____

Phone number _____ Email _____

Status Renewal Date _____

Training Center: **National EMS Academy**

Training Center ID# **LA 20741**

Training Site Name (if applicable) _____

Course Location _____

Address _____

City, State ZIP _____

Course Start Date _____ Start Time _____ Course End Date _____ End Time _____ Total Hours of Instruction _____

No. of Students _____ No. of Passed Students _____ Student-Manikin Ratio _____

| <i>Assisting Instructors (Attach copy of instructor card for instructors aligned with a TC other than the primary TC)</i> | | | |
|---|----------------|-------------------------|----------------|
| Name and Instructor ID# | Card Exp. Date | Name and Instructor ID# | Card Exp. Date |
| 1. | | 3. | |
| 2. | | 4. | |

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date

- Provider Cards are to be paid via credit/debit card.
Call this number upon receipt of roster: _____
 - Provider Cards are to be invoiced to: _____
 - Provider Cards are to be mailed to address below. Enclosed is payment of \$ _____.
- Mailing address:** _____

Mail Roster To:
National EMS Academy
Attn: Tayler Gilmore
2916 N. University Ave, Bldg B
Lafayette, LA 70507

Date _____ Course _____ Lead Instructor _____

Course Participants

| <i>Name and Email</i> <i>Please PRINT as you wish your name to appear on your card.</i> <i>Please print email address legibly.</i> | <i>Address/Telephone</i> | <i>Complete/ Incomplete/Test Score</i> | <i>Remediation/Date Completed (if applicable)</i> |
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